

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JAN 16 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42178

Registration District No. 411

Primary Registration District No. 2002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin Mo;
(c) Name of hospital or institution: 207 N. Jackson Ave.
(d) Length of stay: In hospital or institution 23 years
In this community 23 years

3. (a) PRINT FULL NAME Aseniyh Logan

3. (b) If veteran, No 3. (c) Social Security No. No

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow 2
6. (b) Name of husband or wife John H. Logan 6. (c) Age of husband or wife if alive years
7. Birth date of deceased June 16, 1860;

8. AGE: Years Months Days If less than one day
81 5 25 hr. min.

9. Birthplace Vincennes Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business

12. Name Fred Meyers
13. Birthplace Vincennes Indiana
14. Maiden name Nancy Berry
15. Birthplace Vincennes Indiana;

16. (a) Information Mrs Sidney Anderson
(b) Address 207 N. Jackson Ave, Joplin Mo;

17. (a) Burial (b) Date thereof 12-13-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ozark Men. Cem;

18. (a) Signature of funeral director Hubert Und. Co

(b) Address Joplin Mo;

19. (a) 12-13-41 (b) 26 James
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49
(c) City or town Joplin Mo; 2
(d) Street No. 207 N. Jackson Ave; 5-
(e) Citizen of foreign country? No (Yes or No)
If yes, name country No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. 11 day 1941.
year hour 11-00 A.M. minute M.

21. I hereby certify that I attended the deceased from Nov 22, 1941, to Dec. 11, 1941
that I last saw him alive on Dec. 5, 1941
and that death occurred on the date and hour stated above.

Immediate Cause of death Cerebral Atherosclerosis
Due to (Running) age
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 87d
Of autopsy
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (a) Means of injury

23. Signature Cash L. Neff (M. D. or equivalent)
Address Joplin Mo. Date signed 12/14/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

42-1-1136

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Steve D. Parker

Licensed Embalmer No.

254 P

P. O. Address.....

Joplin Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.